1756



Patent Attorney's Docket No. <u>027260-295</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Pate	ent Application of)					
Kazuya KAMON			Group Art Unit: 1756				
Application No.: 09/320,946)	Examiner: S. Mohamedulla				
	ay 26, 1999)	IED				
M F S	PHOTOMASK, FABRICATION METHOD OF PHOTOMASK, AND FABRICATION METHOD OF SEMICONDUCTOR INTEGRATED CIRCUIT		RECEIVED OCT 2 3 2001 TC 1700 NSMITTAL LETTER				
	AMENDMENT/REPLY TI	RAI	NSMITTAL LETTER				
Assistant Commissioner for Patents Washington, D.C. 20231			Date: October 18, 2001				
Sir:							
Encl	osed is a reply for the above-identified pa	tent	application.				
[X]	A Petition for Extension of Time is also	enc	losed.				
[]	A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed.						
[X]	Also enclosed is Explanation of film types (1 page)						
[]	Small entity status is hereby claimed.						
[]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).						
	[] Applicant(s) previously submitted, on, for which continued examination is requested.						
[]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.						
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.						
[]	No additional claim fee is required.						

[X] An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS							
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE		
Total Claims	28	MINUS 28 =	0	× \$18.00 (103) =	0.00		
Independent Claims	11	MINUS 9 =	2	× \$84.00 (102) =	168.00		
If Amendment adds mu	0.00						
Total Amendment Fee	168.00						
If small entity status is	0.00						
TOTAL ADDITIONA	168.00						

- [X] A claim fee in the amount of \$_168.00_\ is enclosed.
- [] Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: October 18, 2001